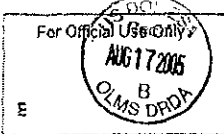


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>18041</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>John F. Murphy</u> P.O. Box, Bldg., Room No., if any _____ Street <u>765 East Third Street</u> City <u>Boston</u> State <u>MA</u> ZIP Code + 4 <u>02127</u>	4. Name, file number, and address of labor organization. Name <u>International Brotherhood of Teamsters</u> Labor Organization File Number <u>800093</u> P.O. Box, Building and Room Number, if any _____ Street <u>25 Louisiana Avenue, NW</u> City <u>Washington</u> State <u>DC</u> ZIP Code + 4 <u>20001</u>
5. Position in labor organization. _____	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7. a. Nature of interest, transaction, or income. _____ _____ _____ 7. b. Amount. _____ _____ _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed John F. Murphy On 08/11/05 617 368 6855
Date Telephone Number

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Sierra Investment Partners, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 101 Ygnacio Valley Road suite 300City Walnut CreekState CA ZIP Code + 4 94596

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Teamsters Affiliates Pension Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 25 Louisiana Avenue NWCity WashingtonState DC ZIP Code + 4 20001

11.a. Nature of such dealing.

Money Manager

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

One 1.5 liter bottle of wine12.b. Amount. \$45

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

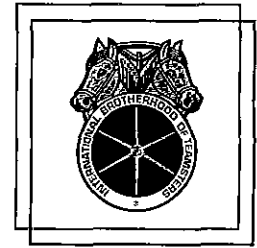
14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

INTERNATIONAL BROTHERHOOD OF TEAMSTERS

AFL-CIO



JAMES P. HOFFA
General President

C. THOMAS KEEGEL
General Secretary-Treasurer

JOHN F. MURPHY
International Vice President
Eastern Region
Special Assistant to the President
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765 East Third Street
Boston, Massachusetts 02127
Tel: (617) 268-6855
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August 11, 2005



U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW Room N-5616
Washington, DC 20210

Dear Sirs:

Enclosed is my Form L-30 Labor Organization Officer and Employee Report for
Calendar Year 2004.

Very truly yours,

A handwritten signature of John F. Murphy in cursive script.

John F. Murphy,
Secretary-Treasurer

JFM/ofc